

<i>SERFF Tracking Number:</i>	<i>METD-125771310</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MetLife Investors USA Insurance Company</i>	<i>State Tracking Number:</i>	<i>40058</i>
<i>Company Tracking Number:</i>	<i>VARIABLE ANNUITY APPLICATION-MLI USA</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Series XTRA</i>		
<i>Project Name/Number:</i>	<i>6% BONUS - VERSION 2/8600 (8/08)</i>		

Filing at a Glance

Company: MetLife Investors USA Insurance Company

Product Name: Series XTRA

SERFF Tr Num: METD-125771310 State: ArkansasLH

TOI: A03I Individual Annuities - Deferred
Variable

SERFF Status: Closed

State Tr Num: 40058

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: VARIABLE ANNUITY
APPLICATION-MLI USA

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Pam Kerry, Lynn Zito

Disposition Date: 08/27/2008

Date Submitted: 08/25/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 6% BONUS - VERSION 2

Project Number: 8600 (8/08)

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Filing not required
in DE

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/27/2008

State Status Changed: 08/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

August 25, 2008

Life & Health Dept.

State Department of Insurance

1200 W. Third Street

SERFF Tracking Number: METD-125771310 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 40058
Company Tracking Number: VARIABLE ANNUITY APPLICATION-MLI USA
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Series XTRA
Project Name/Number: 6% BONUS - VERSION 2/8600 (8/08)
Little Rock, AR 72201-1904

Re: MetLife Investors USA Insurance Company
NAIC #241-61050/FEIN #54-0696644
NEW SUBMISSION – Individual Variable Annuity
Form 8600 (8/08) - Variable Annuity Application

The above referenced form is enclosed for your review and approval. Form 8600 (8/08) is new and does not replace any previously filed form.

This form will be completed by a prospective contract owner/annuitant when an applicant purchases our Series XTRA product. It will be used with individual variable annuity form 8010 (11/00) that was previously approved by your Department.

This form has been completed in John Doe fashion. Material that is bracketed is variable and is subject to change in accordance with the circumstances of a particular case or insured. This form is submitted in final printed format and is subject to only minor modification in paper size and stock, ink, border, company logo, typographical errors and adaptation to computer printing.

Please note that the policy form series to which this form is attached is a variable annuity, which is subject to federal jurisdiction and is exempt from readability requirements.

Enclosures: Captioned Form; Filing Fee \$50.00; Certification; Statement of Variability.

Company and Contact

Filing Contact Information

Pam Kerry, Policy Forms Consultant pkerry@metlife.com
501 Boylston Street (617) 578-2298 [Phone]
Boston, MA 02116 (617) 578-5505[FAX]

Filing Company Information

MetLife Investors USA Insurance Company CoCode: 61050 State of Domicile: Delaware

<i>SERFF Tracking Number:</i>	<i>METD-125771310</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MetLife Investors USA Insurance Company</i>	<i>State Tracking Number:</i>	<i>40058</i>
<i>Company Tracking Number:</i>	<i>VARIABLE ANNUITY APPLICATION-MLI USA</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Series XTRA</i>		
<i>Project Name/Number:</i>	<i>6% BONUS - VERSION 2/8600 (8/08)</i>		

222 Delaware Ave. Suite 900	Group Code: 241	Company Type: Life
P.O. Box 25130		
Wilmington, DE 19899	Group Name: MetLife Group	State ID Number:
(617) 578-2000 ext. [Phone]	FEIN Number: 54-0696644	

SERFF Tracking Number: METD-125771310 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 40058
Company Tracking Number: VARIABLE ANNUITY APPLICATION-MLI USA
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Series XTRA
Project Name/Number: 6% BONUS - VERSION 2/8600 (8/08)

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: (1) Application X \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Investors USA Insurance Company	\$50.00	08/25/2008	22110271

<i>SERFF Tracking Number:</i>	<i>METD-125771310</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MetLife Investors USA Insurance Company</i>	<i>State Tracking Number:</i>	<i>40058</i>
<i>Company Tracking Number:</i>	<i>VARIABLE ANNUITY APPLICATION-MLI USA</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Series XTRA</i>		
<i>Project Name/Number:</i>	<i>6% BONUS - VERSION 2/8600 (8/08)</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/27/2008	08/27/2008

SERFF Tracking Number: *METD-125771310* *State:* *Arkansas*
Filing Company: *MetLife Investors USA Insurance Company* *State Tracking Number:* *40058*
Company Tracking Number: *VARIABLE ANNUITY APPLICATION-MLI USA*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *Series XTRA*
Project Name/Number: *6% BONUS - VERSION 2/8600 (8/08)*

Disposition

Disposition Date: 08/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	METD-125771310	State:	Arkansas
Filing Company:	MetLife Investors USA Insurance Company	State Tracking Number:	40058
Company Tracking Number:	VARIABLE ANNUITY APPLICATION-MLI USA		
TOI:	A03I Individual Annuities - Deferred Variable	Sub-TOI:	A03I.002 Flexible Premium
Product Name:	Series XTRA		
Project Name/Number:	6% BONUS - VERSION 2/8600 (8/08)		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Variable Annuity Application		Yes

SERFF Tracking Number: METD-125771310 State: Arkansas

Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 40058

Company Tracking Number: VARIABLE ANNUITY APPLICATION-MLI USA

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Series XTRA

Project Name/Number: 6% BONUS - VERSION 2/8600 (8/08)

Form Schedule

Lead Form Number: 8600 (8/08)

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8600 (8/08)	Application/ Variable Annuity Enrollment Application Form	Initial		0	8600APPUSA XTRAAp08_8 08_JD2.pdf

Variable Annuity Application

Send Application and check to:
MetLife Investors USA Insurance Company[Policy Service Office: P.O. Box 10366 • Des Moines, Iowa 50306-0366
For Express Mail Only • 4700 Westown Parkway Ste. 200 • West Des Moines, IA 50266-2266
For assistance call: The Sales Desk]

ACCOUNT INFORMATION

1. Annuitant

[John J. Doe]			Social Security Number [123 — 45 — 6789]	
Name (First)	(Middle)	(Last)	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [1 / 11 / 70]
[123 Main Street Anytown IL 60001]			Phone [708] 123-4567	
Address (Street - No P.O. Box)	(City)	(State)	(Zip)	

2. Owner (Complete only if different than Annuitant)

Correspondence is sent to the Owner:				
Name (First) (Middle) (Last)			Social Security/Tax ID Number — — — — —	
			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth/Trust — / — / —
Address (Street - No P.O. Box) (City) (State) (Zip)			Phone (—) — — — — —	

3. Joint Owner

Name (First) (Middle) (Last)			Social Security Number — — — — —	
			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth — / — / —
Address (Street - No P.O. Box) (City) (State) (Zip)			Phone (—) — — — — —	

4. Beneficiary

Show full name(s), address(es), relationship to Owner, Social Security Number(s), and percentage each is to receive. Use the Special Requests section if additional space is needed. **Unless specified otherwise in the Special Requests section, if Joint Owners are named, upon the death of either Joint Owner, the surviving Joint Owner will be the primary beneficiary, and the beneficiaries listed below will be considered contingent beneficiaries.**

[Mary J. Doe, 123 Main Street, Anytown, IL, Wife, 234 — 56 — 7890 100%]	
Primary Name (Street - No P.O. Box)	Relationship Social Security Number %
	— — — — —
Primary Name (Street - No P.O. Box)	Relationship Social Security Number %
	— — — — —
Contingent Name (Street - No P.O. Box)	Relationship Social Security Number %
	— — — — —
Contingent Name (Street - No P.O. Box)	Relationship Social Security Number %
	— — — — —

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT, WHEN BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, ARE VARIABLE, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

5. Plan Type

Indicate only how contract is to be issued.

- **NON-QUALIFIED** ☒ [X]
- **QUALIFIED Traditional IRA*** ☐ Transfer ☐ Rollover ☐ Contribution — Year —
- **QUALIFIED SEP IRA*** ☐ Transfer ☐ Rollover ☐ Contribution — Year —
- **QUALIFIED Roth IRA*** ☐ Transfer ☐ Rollover ☐ Contribution — Year —
- **QUALIFIED 401** ☐

*The annuitant and owner must be the same person.

6. Purchase Payment

Funding Source of Purchase Payment		
<input type="checkbox"/> 1035 Exchange	<input type="checkbox"/> Check	<input type="checkbox"/> Wire
Initial Purchase Payment \$ [10,000]		
Make Check Payable to MetLife Investors USA		
(Estimate dollar amount for 1035 exchanges, transfers, rollovers, etc.)		
Minimum Initial Purchase Payment: \$10,000 Non-Qualified/Qualified		



RIDERS

7. Benefit Riders (subject to state availability and age restrictions)

These riders may only be chosen at time of application. **Please note, there are additional charges for the optional riders. Once elected these options may not be changed.**

- 1) **Living Benefit Riders** (Optional. Only **one** of the following Riders may be elected)
- ☐ Guaranteed Minimum Income Benefit Rider (**GMIB**)
 - ☐ Guaranteed Minimum Income Benefit Plus Rider (**GMIB Plus**) (2008)
 - ☐ Guaranteed Withdrawal Benefit (**GWB**)
 - ☐ Single Life – Lifetime Withdrawal Guarantee (**LWG**) (2008)
 - ☐ Joint Life – Lifetime Withdrawal Guarantee (**LWG**) (2008)
- 2) **Death Benefit Riders** (Check one. If no election is made, the Principal Protection option will apply).
- ☐ Principal Protection (no additional charge)
 - ☐ Annual Step-Up
 - ☐ Enhanced Death Benefit (may only be elected with GMIB Plus or without an optional Living Benefit Rider.)
- 3) ☐ Earnings Preservation Benefit Rider]

COMMUNICATIONS

8. Telephone Transfer

I (We) authorize MetLife Investors USA Insurance Company (MetLife Investors USA) or any person authorized by MetLife Investors USA to accept telephone transfer instructions and/or future payment allocation changes from me (us) and my Registered Representative/Agent. Telephone transfers will be automatically permitted unless you check one or both of the boxes below indicating that you do not wish to authorize telephone transfers. MetLife Investors USA will use reasonable procedures to confirm that instructions communicated by telephone are genuine.

I (We) **DO NOT** wish to authorize telephone transfers for the following (check applicable boxes): ☐ Owner(s) ☐ Registered Representative/Agent

SIGNATURES

9. Replacements

Does the applicant have any existing life insurance policies or annuity contracts? ☐ Yes ☒ No

If "Yes," applicable disclosure and replacement forms must be attached.

Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)? ☐ Yes ☒ No

10. Fraud Statement & Disclosure

Notice to Applicant:

Arkansas, Louisiana, and New Mexico Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky Residents Only: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Ohio Residents Only: A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material

thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

Massachusetts Residents Only: The variable annuity for which you are making this application gives us the right to restrict or discontinue allocations of purchase payments to the Fixed Account and reallocation from the Investment Divisions to the Fixed Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Account in the future. **BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.**

Maryland Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

11. Acknowledgement and Authorization

I (We) agree that the above information and statements and those made on all pages of this application are true and correct to the best of my (our) knowledge and belief and are made as the basis of my (our) application. I (We) acknowledge receipt of the current prospectus of MetLife Investors USA Separate Account A.] **PAYMENTS AND VALUES PROVIDED BY THE CONTRACT FOR WHICH APPLICATION IS MADE ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.**

I have read the State Fraud Statement in Section 10 above applicable to me.

[John J Doe , Owner]

(Owner Signature & Title, Annuitant unless otherwise noted)

(Joint Owner Signature & Title)

(Signature of Annuitant if other than Owner)

Signed at [Anytown , IL]
(City) (State)

Date [November 11, 2000]

12. Agent's Report

[All information provided by the applicant has been truly and accurately recorded. I have reviewed the financial situation of the Proposed Owner as disclosed, and believe that a multifunded annuity contract would be suitable.

Does the applicant have any existing life insurance policies or annuity contracts? ☐ Yes ☒ No

Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)? ☐ Yes ☒ No

If "Yes," applicable disclosure and replacement forms must be attached.]

[Richard Roe]

Agent's Signature

[(312) 456-7890]

Phone

[Richard Roe, #723]

Agent's Name and Number

[456 Main Street, Anytown, IL 60001]

Name and Address of Firm

[#723]

State License ID Number (Required for FL.)

[1234567]

Client Account Number

Home Office Program Information:

Select one. Once selected, the option cannot be changed.

Option A _____ Option B _____ Option C _____]

<i>SERFF Tracking Number:</i>	<i>METD-125771310</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MetLife Investors USA Insurance Company</i>	<i>State Tracking Number:</i>	<i>40058</i>
<i>Company Tracking Number:</i>	<i>VARIABLE ANNUITY APPLICATION-MLI USA</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Series XTRA</i>		
<i>Project Name/Number:</i>	<i>6% BONUS - VERSION 2/8600 (8/08)</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *METD-125771310* *State:* *Arkansas*
Filing Company: *MetLife Investors USA Insurance Company* *State Tracking Number:* *40058*
Company Tracking Number: *VARIABLE ANNUITY APPLICATION-MLI USA*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *Series XTRA*
Project Name/Number: *6% BONUS - VERSION 2/8600 (8/08)*

Supporting Document Schedules

Review Status:

Satisfied -Name: Statement of Variability

08/20/2008

Comments:

Statement of Variability MLI USA 8600 (8/08)

Attachment:

Series XTRA_GENERIC_APP_SoV.pdf

STATEMENT OF VARIABILITY
MetLife Investors USA Insurance Company
Application Form 8600 (8/08)

Company, Policy Service Office Address/Product Name	This fields are bracketed to allow us to change the address, zip code, product name if necessary
Plan Type	We reserve the right to offer this product in some or all of the following markets: Nonqualified, IRA (including traditional, Simple IRA, SEPs, custodial/decedent IRA and Roth IRA) and 401a.
Purchase Payment Section	<p>We reserve the right for future reprints of the app, to reformat this section as follows:</p> <ul style="list-style-type: none"> • The Payment method heading will show some or all of the following choices available choices (1035 Exchange, check, wire or draft) and a new sub-heading will follow entitle Payment Type which will show some or all of the following choices (1035 Exchange, Transfer, Rollover Contribution or other) • The Source of Funds for purchasing this Annuity section may contain some or all of the possible choices shown in the filed application at future reprints.
Optional Riders	These are optional features available for an extra charge that are only made available at time of application and attached to the contract at issue via a

	<p>rider or endorsement.</p> <p>As new riders or endorsements are approved by the Department, this section will be updated to reflect the marketing name and endorsement name. If a rider or endorsement is not approved in your state, we will note that.</p>
<p>Fraud Statement & Disclosure, Replacement Questions Section</p>	<p>The text in these sections may be enhanced for clarity or compliance with insurance laws in your state or other states. We may add additional directive/clarification information in the "Replacement Question" section of the application based on changes from the NAIC Model Regulation or other insurance regulations or laws. Additionally, the Disclosure & Acknowledgement section may be modified for any changes in "fraud language" that may be required by other states.</p>